

# Division of Substance Abuse and Mental Health

## Mental Health Data Definitions

September 15, 2006

### Change Log

DATE	AUTHOR	VERSION	NOTES
9/15/2006	Casey Loveland	.06	Added note section about submitting data for multiple providers. Updated GAF valid data range to be 0-99.
8/24/2006	Casey Loveland, Dori Wintle, Brad Loveland	.05	Event dates must fall between the client's birth date and the discharge date. Updated Discharge Rows section to state that discharge rows are not included when calculating % of unknowns.
8/17/2006	Casey Loveland, Dori Wintle	.04	Added detailed description for Marital Status to include descriptions of each code value. Descriptions were adopted from TEDS specification.
8/9/2006	Casey Loveland, Dori Wintle, Brad Loveland	.03	Make Format field definitions more accurate. Update definition for record no and discharge date to not force record no as a required field. Re-word all instances of discharge record definitions to include the validation of non-required fields.
7/19/2006	Casey Loveland, Dori Wintle, August Lehman, Brad Loveland	.02	Rewrote text block describing discharge records with new discharge row description.
7/12/2006	Casey Loveland, Dori Wintle, Brad Loveland	.01	Added this revision block. Changed HLCI to SAMHIS_CLIENT_ID. Added note about how rows with discharge dates will be handled differently than rows without discharge dates. Added additional information about Unknown % calculation validations.

## **EVENT OR SERVICES MINIMUM DATA SET**

### **An event is characterized as:**

- A transaction between a staff member of a mental health organization and a client in which a significant activity occurs;
- A significant action by a staff member on behalf of a client, i.e., interviewing a collateral, providing various kinds of adjunctive services, and many case management activities;
- Other actions by staff that facilitate the provision of services to or on behalf of clients, i.e., activities that support the continued operation of the organization. (Ibid., FN 10, P. 50)

### **TYPE OF EVENT AND DEFINITIONS**

#### **DIRECT SERVICE: NONTREATMENT**

##### **10 Engagement**

Activities usually directed to potential non-registered patients intended to establish trust and rapport, explain services and assistance available to the potential non-registered patient, and dispel likely or actual resistance.

##### **21 Diagnosis & Assessment: Screening/Triage**

This event occurs only during initial contact(s) and includes screening, admission, and/or fee-setting activities. The variety of information collected is often more routine and more general in its application to patients in general than the other three sub-events within diagnosis & assessment. Screening/triage is not restricted to one service unit location and may include data obtained from significant others.

##### **22 Diagnosis & Assessment: Initial Assessment**

The initial assessment is not routine but a special clinical evaluation for a particular patient for a diagnostic or treatment purpose. It may include a social history interview and mental status examination. It is distinguished from other assessment by its occurrence only during initial contact(s).

##### **23 Diagnosis & Assessment: Other Assessment**

Other assessment is not routine but a special clinical evaluation for a particular patient for a diagnostic or treatment purpose. It may include a social history interview and mental status examination. It is distinguished from initial assessment by its occurrence after initial contact(s).

**24      Diagnosis & Assessment: Testing**

Testing is not routine but a special clinical test administered to a particular patient for a diagnostic or treatment purpose. Various psychometric tests are administered face-to-face. Also recorded is time spent reporting test feedback to the patient or family members.

**DIRECT SERVICE: TREATMENT**

**30      Treatment: Individual**

Face-to-face clinical treatment of an individual patient or collateral.

**40      Treatment: Family**

Face-to-face clinical treatment of a group of recipients who are related as family members or spouses, or couples living together as married.

**50      Treatment: Group**

Face-to-face clinical treatment in the same session of two or more unrelated patients. It may also include cases where the group is composed of two or more families or couples.

**61      Treatment: Medication Mgt: MD**

Prescription, administration, observation, evaluation, alteration, continuance, or termination of a patient's neuroleptic or other medication by a physician.

**62      Treatment: Medication Mgt: Nurse**

Administration, observation, and evaluation of a patient's medication by a nurse under a physician's direction, which may include recommendations for prescriptions, alterations, continuance, and termination of medication. It may include LPNs under RN supervision.

**DIRECT SERVICE: REHABILITATION**

**70      Rehabilitation**

Activities and services intended to train or retrain a patient to function within the limits his or her original or residual disability. Rehabilitation events are most often provided in relation to a treatment plan and may be delivered to the recipient individually or as a group member. There are four categories of rehabilitation: vocational, recreational, skill building, and other.

**80 Vocational Training**

Training activities to a patient focused on general or specific job skills for application in the regular job market, supported work, transitional work, sheltered workshops, or other similar environments.

**90 Social/Physical**

Activities to rehabilitate social interaction skills and physical mobility through supervised recreational activity.

**100 Skill Building**

Skill training in activities of daily living (e.g., personal grooming, eating) or instrumental activities of daily living (e.g., shopping, managing money, managing personal possessions, house work, simple meal preparation, use of public transportation).

**110 Other**

Other training or skill-building activities not mentioned above. Activities that do not involve training or skill building should be classified as personal care.

**DIRECT SERVICE: PERSONAL CARE**

**120 Care-giving Activities**

Life support activities and services provided to meet the client's needs for food, shelter, and safety. Personal care activities include assistance provided to the patient in the performance of activities of daily living; providing meals, shelter, or a bed; protective oversight; or transportation.

**ADJUNCTIVE SERVICE**

**130 Case Management**

A process by which persons with serious mental illness (as per Seriously and Persistently Mentally Ill scale) are helped to acquire the various services they need and want. Case managers fulfill the following critical, individualized functions: 1) Connecting with consumers in their natural environment (e.g., outreach, engagement, or patient assessment); 2) comprehensive service planning with and for a patient for a wide range of services, entitlements, and assistance; 3) linking consumers with services and resources (e.g., brokering, coordinating, or advocating for the range of services needed); 4) linking family members with services; 5) monitoring service provision and patient's response to treatment; and 6) advocating for consumer rights.

#### **140 Other Adjunctive**

This may include any of the following: 1) work related to the patient's record; 2) clinical consultation within the organization about the patient's diagnosis, treatment, prognosis, or referral; and 3) the collection of additional information on the client.

#### **150 Respite Care**

Temporary care for the client for the purpose of providing time away and relief to the caregiver. This care may be provided in the client's home or other setting. **This was formally under the Family Support program code.**

#### **160 Behavioral mgt/parent training**

Time spent training parent(s) of a child receiving treatment services to understand the child's disorder(s) and develop skills for effectively managing the child in the home. **This was formally under the Family Support program code.**

#### **170 Inpatient treatment Day**

Inpatient treatment is a 24-hour period or any portion of the day during which a patient is in the clinical and/or fiscal responsibility of that program element. Treatment is delivered in a licensed hospital, which may or may not have a psychiatric unit. Center staff need not be present at all times, but the center must bear the clinical responsibility for the patient either directly or by contract. The Event Duration can be no more than "1" for one day. Every day a client receives this service; a separate event with that date must be recorded. Other hourly services can be recorded for the same day.

#### **Residential Treatment**

This program provides 24-hour intensive psychosocial treatment and other supportive mental health services in an overnight group residential setting. The purpose is to prevent inpatient care and to help transition people from inpatient care to the community. The program is under the direct administrative control (i.e., financial and clinical) of the Center or is contracted. Center or contracted staff stay overnight in the residence. This program has a high level of structure. Data are reported in bed days for individual clients in the event file. The Event Duration can be no more than "1" for one day. Every day a client receives this service; a separate event with that date must be recorded. Other hourly services can be recorded for the same day.

### **171 Residential treatment – Adult**

*Adult programs are required to provide 24-hour awake supervision.*

### **172 Residential treatment – Youth**

This service is generally provided to persons under 18 years of age. However, some persons who are 18 may be served while they are in transition to an appropriate adult program element.

### **173 Residential Support**

This adult program provides 24-hour care and support in an overnight group residential setting. *Adult programs are not required to provide 24-hour awake supervision.* Structure is provided to help maintain the client in the community with a range of services such as meals, laundry, and housekeeping to maintain current level of functioning and/or teach clients independent living skills. This program is also intended to prevent inpatient care. The program is under the financial and clinical control of the Center and may be contracted. Housing may be transitional or permanent, depending on the internal guidelines of the Center. This program has a moderate level of structure. Data are reported in bed days for individual clients in the event file. The Event Duration can be no more than “1” for one day. Every day a client receives this service; a separate event with that date must be recorded. Other hourly services can be recorded for the same day.

### **174 Housing/In Home Skills (Treatment-Based Housing Programs)**

The intent of this program is to provide treatment and support in a building or apartment to help maintain the client in the community and/or to teach client independent living skills. *Programs financed with Low Income Housing Tax Credits may or may not require treatment and support onsite.* Treatment-based housing programs provide two different levels of treatment and support: moderate contact (minimum one contact per week) and low contact (minimum one contact per month). The program is under the financial and clinical control of the Center. Length of stay ranges from transitional to permanent housing, depending on the internal guidelines of the center. This program has a low level of structure. The Event Duration can be no more than “1” for one day. Every day a client receives this service; a separate event with that date must be recorded. Other hourly services can be recorded for the same day.

**Some key differences in staffing, structure, and purpose (residential and housing):**

<b>Program Element</b>	<b>Staffing</b>	<b>Level of Structure</b>	<b>Purpose</b>
Residential Treatment	24-hour awake	High	Prevent hospitalization, transition clients from hospital to community
Residential support	Less than 24-hour	Moderate	Maintain clients in community, teach independent living skills
Housing/in-home skills	No necessary on-site	Low	Maintain client in community with minimal support, teach independent living skills.

Housing/In-Home Skills was added to better reflect financial and clinical efforts of the Centers in serving clients Housing/In-Homes Skills needs. Residential support has been updated to better coincide with licensure requirements. There is little difference between the past and current recommended residential treatment definition. Only the 24-hour awake staff requirement is new.

Service Definitions 3-2-01/CPEAR

**180 Emergency hours**

A continuous period measured in fractions or multiples of an hour during which a patient participates in the receipt of services from that program element. The service is immediate, unscheduled, and short-term for a given patient, and deals with a psychological emergency of a patient. This activity is available on a 24-hour basis, including during regular work hours. Routine informational calls handled by crisis staff are not to be reported as crisis/emergency. This activity should also not be confused with a crisis intervention approach which may span several sessions and be reported as one of the scheduled outpatient activities. Examples of behaviors targeted by crisis/emergency services are suicide attempts, violent family fights, panic attacks, uncontrollable behavior, and other behaviors that are a threat to self or others. Emergency services may include telephone counseling and referral services.

**Partial Day and Outpatient**

These former program codes will no longer be coded separately, but will be calculated by the division. Services(except 170-174) amounting to 3 or more hours for a day will be counted as a Partial Day and days where services amount to less than 3 hours will be classified as Outpatient Service.

## FIELD DEFINITIONS SUPPLEMENT<sup>1</sup>

(Refer to sections on Codes/Allowed Values and Notes  
in the Mental Health Combined File Format for most definitions)

### Employment Definition: 16-State Project (2002)

16-State Categories	UPMHS Categories	Definitions
<b>Employed (Competitive)</b>		-Work performed on a full or part-time basis for which an individual is compensated in accordance with the Fair Labor Standards Act; or person is in the military.
	Full-time	-Gainful employment of 35 or more hours per week.
	Part-time	-Gainful employment of less than 35 hours per week.
<b>Supported/Transitional</b>	Supported	-Work performed on a full-time or part-time basis for which an individual is compensated in accordance with the FLSA and works with professional support. It may include mental health or non-mental health support. Supported work is not time-limited. Employment is competitive.
	Transitional	-Transitional employment is competitive and similar to supported employment except that employment is time limited.
<b>Unemployed</b>	Not employed full- or part-time	-A person who has been laid off, fired, or is temporarily not working. Unemployed is to be reported <u>only</u> when the individual is <u>seeking gainful employment</u> .
<b>Not in labor force<sup>1</sup></b>	Homemaker	
	Student	
	Retired	
	Unemployed	Not seeking employment
	Disabled—Not Employed	
<b>Unknown</b>	Unknown	

<sup>1</sup> Persons should only be placed in “Not in labor force” if they do not fit in employed, supported/transitional, unemployed, or if they are “Not in labor force” because they are a student.



## **Living Arrangement Definition: 16-State Project (2002)**

### **Private Residence Combined:**

Individual lives in a house, apartment, trailer, hotel, dorm, barrack, and/or single room occupancy (SRO). This is a sum total of all clients living in a private residence. It is the sum of the following two (2) categories for those states that can collect the additional detail of “without support” and “receiving support.”

### **Private Residence Without Support:**

Individual lives in house, apartment, trailer, hotel, dorm, barrack, single room occupancy (SRO) and does not require routine or planned social, clinical, or physical support to maintain his/her independence in the living situation. A child that receives age-appropriate care such as bathing, laundry, meals, and customary emotional and other family supports would be included here. Support is not defined as financial.

### **Private Residence Receiving Support:**

Individual lives in house, apartment, trailer, hotel, dorm, barrack, single room occupancy (SRO) and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recover, manage crises, perform activities of daily living, and/or manager symptoms. Support services are delivered in the person’s home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home. A severely emotionally disturbed child that requires special care in the home by a family member, friend or a periodic visit from a case manager would be included in this category. Support is not age-appropriate. Financial support is excluded.

### **Foster Home:**

Individual resides in a foster home. A foster home is a home that is licensed by a County or State Department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of training families.

### **24-hour Residential Care:**

Individual resides in a residential care facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a skilled nursing/intermediate care facility, nursing homes, Institutes for Mental Disease (IMDs), inpatient psychiatric hospital, psychiatric health facility (PHF), Veterans Affairs Hospital, or a state hospital.

### **Jail/Correctional Facility:**

Individual resides in a jail and/or correctional facility with care provided on a 24-hour, 7 day a week basis. This level of care may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or Boys Ranch.

**Homeless:**

A person has no permanent place of residence where a rental, lease, or mortgage agreement between the individual and the owner exists.

A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:

- 1) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
- 2) An organization that provides a temporary residence for individuals intended to be institutionalized, or
- 3) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human being (e.g., on the street).

**Other**

All other living situations.

**Diagnosis Codes:**

DiagA1 – DiagA10 are for Axis I diagnosis codes. All codes will be checked to see if they comply with the accepted DSM IV format. Codes not conforming to the approved format will be rejected. There is room for up to ten diagnoses with DiagA1 filled out first followed by DiagA2 until there are no more Axis I diagnoses or DiagA10 is filled out. The date corresponding to each diagnosis is the last date the diagnosis was updated.

**Enrolled:**

All clients are to be asked if they are currently enrolled in an education program. This will allow the Division to more fully comply with National Outcome Measures. Code 1 for Yes, 2 for No and 97 for Unknown. In the future this field will include program types.

**Atypical Medication Used:**

Code 1 for Yes if the client was prescribed one or more of these atypical medications during the quarter: Clozapine, Quetiapine, Olanzapine, Risperidone or Ziprasidone. Code 2 for No atypical medication was prescribed during the quarter and 97 for Unknown. In the future we will be looking at including the National Drug Codes for the drugs prescribed.

**Event Date Rule:**

Event Dates must fall within the current fiscal year. Event dates should include time where available.

Event dates must fall between the client's birth date and discharge date.

### **Record Number Rule:**

**Record number field is now required to be unique for a given provider and client ID on admit/event rows. Duplicate record numbers will produce an error. On discharge rows it can be left blank. If supplied on discharge records it will be validated.**

### **Client Name Validation Rules:**

**\*\*Use Legal Names\*\***

MHE file will have fields for the following parts of a name:

- Last name
- First name
- Middle name

**Names can be entered in either upper case, lower case, or a mix.**

**Spaces: Allowed in first and middle names. NOT allowed in last names.**

*Example:*                      *Mc Donald*              *should be entered as*              *McDonald*  
   *De La Cruz*              *should be entered as*              *DeLaCruz*

*Example:*                      *Le Ann Mary Ann Mc Cartney*

*Can be entered as:*

*First:    Le Ann*

*Middle: Mary Ann*

*Last:    McCartney*

**Hyphens:** Allowed in first, middle and last names. It is the only allowable punctuation character allowed.

*Examples:*

*(last name) Smith-Jones*              *should be entered as*              *Smith-Jones*

*(first name) Jo-Ann*                      *should be entered as*              *Jo-Ann*

*(last name) O'Riley*                      *should be entered as*              *ORiley*

*(last name) St. James*                      *should be entered as*              *StJames*

*(first name) D'Ann*                      *should be entered as*              *DAnn or D Ann*

**Numeric characters:** Not allowed in any name

**First name is an initial:** The initial can be entered in the first name field but no periods.

**Middle name:** If there is no middle name or it is not available, leave blank. Supply the full legal middle name where possible and the middle initial if that is all that is available. Periods are not allowed.

**Second name:** Enter the second name in the middle name field

*Example:*                      *J. Edgar Hoover*

*First name: J (no period)*

*Middle name: Edgar*

*Last Name: Hoover*

**Enter legal names rather than nicknames**

Example: “Bill” should be entered as William

“Bob” should be entered as Robert

“C.J.” should be entered as Carlos as a first name and James as the middle name

**Titles, Prefixes, Suffixes: not allowed****Naming rules synopsis:**

Character	Last Name	First and Middle Names
Alpha Characters	Allowed	Allowed
Hyphen	Allowed	Allowed
Spaces	Not Allowed	Allowed
Apostrophe	Not allowed	Not allowed
Numeric Characters	Not allowed	Not allowed

**CSV File Generation Guidelines**

1. All files should be submitted without a header row.
2. It is recommended that fields **NOT** contain extra spaces for padding. For example, if a field allows 11 digits but the code values only use 3 digits then 3 digits is an acceptable width for the field. Adding the spaces only increases the size of the file and slows down uploading and processing of files.
3. Non-required fields must either be blank or contain a valid value.
4. Commas are not allowed within the data in any field. (Commas are column delimiters.)
5. Do not use quotes in any fields.
6. Do not insert blank lines between rows of data.

**Discharge Rows**

Discharge data is to be submitted separately from event, admission, diagnosis and demographic information.

There are two types of records in an MHE file: admit/event and discharge.

All records with a date in field 62 are considered discharge records.

Discharge records require that you provide data in the following fields: 2, 7, 62, 63 and 64.

Fields 15, 54, 55 are optional for discharge records, but recommended and will be validated and loaded into the database if you provide information in these fields.

All other fields should be left blank. If data is supplied in any other field on a discharge records then that data is validated, but ignored.

*Do not put discharge dates on rows with valid admit/event data since that data will not be loaded.*

Only one discharge record will be accepted per client per admission in a given file.

Files with multiple discharge records for the same client / admission will fail to load.

Discharge dates cannot fall before any event dates for a given client and admission.

*\* This check is to make sure that valid admit/event data is not lost.*

### **Percent (%) Unknown Validations**

The Client-side Validation Application will check for “unknown” values for fields identified in the *Mental Health Events File Format* table below with a value in the ‘Unknown %’ column.

Discharge rows are not included in the % of unknown calculations.

Warnings will be generated for columns over the acceptable percentage. Sometime in the future warnings will become errors and providers will be required to submit data that meets the percent unknown requirements.

### **Submitting for Multiple Providers**

MHE Files must only contain data for one (1) provider per file. SAMHIS backend processing engines associate data in MHE files to the provider ID specified in the file name. Do not submit MHE data for multiple providers in the same file.

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<sup>1</sup> The 16-State project definitions should be used as further clarification of abbreviated definitions in the Client File Specifications.

**Mental Health Events File Format 9/15/2006**

Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
1	ProviderEventRecordIDNo	Provider event record ID number	String value that uniquely identifies a client event for the provider.	string (50)		Yes	Key field. Use a unique ID for every event record, that can be used to identify the same unique event record in your system. All admit/event records require fields 1,2 and 7. Duplicate record numbers will produce a file submission error. This field can be left blank on discharge records. If data is provided in this field on a discharge record then that data is validated.
2	ClientID	Client Identifier	Mapped value from MHO. (Unique client identifier)	string (15)		Yes	Key field. Client ID to be unique within the MHO and unique to each client admitted or readmitted to that MHO. It must not be reassigned to another client. Mapping must be consistent across quarters. All records require fields 2 and 7.
3	FirstName	Client's full legal first name	Only characters specified in MH Data Definitions.	string (25)		Yes	See MH Data Definitions document for name validation rules.
4	LastName	Client's full legal last name	Only characters specified in MH Data Definitions.	string (30)		Yes	See MH Data Definitions document for name validation rules.
5	MiddleName	Client's full legal middle name	Only characters specified in MH Data Definitions.	string (25)		No	See MH Data Definitions document for name validation rules. If client does not have a middle name leave blank.
6	SSN	Social Security Number	000-00-0000 = Unknown 999-99-9999 = None	string (11) NNN-NN-NNNN		No	Missing SSN updated at six month review.
7	DateAdm	Date of most recent client admission	date	string (10) MM/DD/YYYY		Yes	Key field. Note: All records require fields 2, and 7 regardless if they are an event or a discharge record only.
8	LegalSta	Legal Status at admission	Y = Civilly Committed N = Not Civilly Committed F = Forensic commitment -State Hosp only  97 = Unknown	string (2)	10%	Yes	
9	Gender	Gender	M = Male F = Female	string (1)		Yes	
10	DateBir	Date of birth	Legal date	string (10) MM/DD/YYYY		Yes	Note: 4-character year
11	Hispanic	Hispanic or Latino origin	Y = Yes N = No  97 = Unknown	string (2)	10%	Yes	

**Mental Health Events File Format 9/15/2006**

Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
12	Race	Race	1 = American Indian 2 = Asian 3 = Black 4 = White 5 = Other 6 = Alaskan Native 7 = Pacific Islander 97 = Unknown	number (2)	10%	Yes	
13	Marital	Marital status	1 = Never married 2 = Now married 3 = Separated 4 = Divorced 5 = Widowed 97 = Unknown	number (2)	10%	Yes	<u>Never Married</u> : Includes those whose only marriage was annulled. <u>Married</u> : Includes those living together as married. <u>Separated</u> : Includes those separated legally or otherwise absent from spouse because of marital discord.
14	Education	Completed years of education	0-25 (GED = 12) 97 = Unknown	number (2)	10%	Yes	If more than 25 years of education completed use "25".
15	Enrolled	Are you currently enrolled in an education program?	1 = Yes 2 = No 97 = Unknown	number (3)	10%	Yes	This required variable is to be updated at the 6-month case review or when a change is indicated. Periodic updates are required and when patient indicates a change. (In the future it will be expanded to include program types)
16	Income	Gross monthly household income at admission	Actual gross monthly <u>household</u> income to the nearest dollar. 0 = None 97 = Unknown	number (6)	20%	Yes	Total of all legal monthly income for the household in which the client lives and is legally a part of. For adolescent clients, include parents'/guardians' income. Do not use commas, decimals, or dollar signs (\$). For example, \$100.00 should be "100", not "100.00" or "10000".

**Mental Health Events File Format 9/15/2006**

Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
17	RefSrc	Source of referral at admission	1 = Self 2 = Family or friend 3 = Physician or medical facility 4 = Social or community agency 5 = Educational system 6 = Courts, law enforcement, correctional agency 7 = Private psychiatric/mental health prog. 8 = Public psychiatric/mental health prog. 9 = Clergy 10 = Private practice mental health professional 11 = Other persons or organizations 97 = Unknown	number (2)	10%	Yes	
18	FamSize	Total number in family who live at home	1-96 = Number of persons 97 = Unknown	number (2)	10%	Yes	Client must be included in count, which means this number must be 1 or greater.
19	Veteran	Veteran status at admission	Y = Yes N = No 97 = Unknown	string (2)	10%	Yes	



**Mental Health Events File Format 9/15/2006**

Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
20	Language	What language needs to be spoken during therapy? (admission only)	00 = English 01 = American sign language 02 = Arabic 03 = Bosnian 04 = Cambodian 05 = Chinese 06 = Croatian 07 = Farsi 08 = French 09 = Greek 10 = German 11 = Italian 12 = Japanese 13 = Kurdish 14 = Laotian 15 = Native American: Navajo 16 = Native American: Ute 17 = Russian 18 = Samoan 19 = Serbian 20 = Somali 21 = Spanish 22 = Swahili 23 = Tibetan 24 = Tongan 25 = Vietnamese 26 = Zulu 27 = Other (Specify in next question)  97 = Unknown	string (2)	10%	Yes	
21	Languag2	If the response was 27 above, please write the "other" language that needs to be spoken during therapy	-----	string (20)		No	If code 27 is chosen in field 20 this field must be filled out.
22	PrvTxAny	Previous mental health treatment of any kind	Y = Yes N = No 97 = Unknown	string (2)	10%	Yes	

**Mental Health Events File Format 9/15/2006**

Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
23	PrvTxUSH	Previous mental health treatment at the Utah State Hospital	Y = Yes N = No 97 = Unknown	string (2)	10%	Yes	
24	PrvTxMHO	Previous mental health treatment at this mental health center	Y = Yes N = No 97 = Unknown	string (2)	10%	Yes	
25	ExpPaymt	Expected principal payment source as reported by staff.	1 = Provider to pay most cost 2 = Personal resources 3 = Commercial health insurance 4 = Service contract 5 = Medicare (Title XVIII) 6 = Medicaid (Title XIX) 7 = Veterans Administration 8 = CHAMPUS 9 = Workers compensation 10 = Other public resources 11 = Other private resources 97 = Unknown	number (2)	10%	Yes	Expected principal payment source is defined as the source expected to pay the highest percent of the cost. This should now be reported by staff, as is done for substance abuse clients.  Funding sources are too different at present to combine with Division of Substance Abuse.
26	AdmGAF	GAF score at admission	0-99	number (2)		No	See DSM IV Axis V for definitions
27	Severity	Severity level (SED or SPMI)	Y = Yes (SED or SPMI) N = No (not SED or SPMI) 97 = Unknown	string (2)	5%	Yes	This required variable is to be updated at the 6-month case review. Specify if client meets the criteria for either SED or SPMI, depending on age.
28	DiagA1	Axis I Diagnosis 1	DSM IV Code	string (6)	5%	Yes	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated; up to 10 on Axis I. Leave subsequent fields blank if there are no subsequent diagnoses.
29	DiagA1_Date	Date DiagA1 was given		string (10) MM/DD/YYYY	5%	Yes	
30	DiagA2	Axis I Diagnosis 2	DSM IV Code	string (6)		No	
31	DiagA2_Date	Date DiagA2 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
32	DiagA3	Axis I Diagnosis 3	DSM IV Code	string (6)		No	
33	DiagA3_Date	Date DiagA3 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
34	DiagA4	Axis I Diagnosis 4	DSM IV Code	string (6)		No	
35	DiagA4_Date	Date DiagA4 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
36	DiagA5	Axis I Diagnosis 5	DSM IV Code	string (6)		No	
37	DiagA5_Date	Dage DiagA5 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.

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Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
38	DiagA6	Axis I Diagnosis 6	DSM IV Code	string (6)		No	
39	DiagA6_Date	Date DiagA6 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
40	DiagA7	Axis I Diagnosis 7	DSM IV Code	string (6)		No	
41	DiagA7_Date	Date DiagA7 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
42	DiagA8	Axis I Diagnosis 8	DSM IV Code	string (6)		No	
43	DiagA8_Date	Date DiagA8 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
44	DiagA9	Axis I Diagnosis 9	DSM IV Code	string (6)		No	
45	DiagA9_Date	Date DiagA9 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
46	DiagA10	Axis I Diagnosis 10	DSM IV Code	string (6)		No	
47	DiagA10_Date	Date DiagA10 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
48	DiagB1	Axis II Diagnosis 1	DSM IV Code	string (6)		No	Submit most current diagnosis. Each quarter we require a current and complete list of all diagnoses that are being treated up to 3 on Axis II. Leave subsequent fields blank if no subsequent diagnoses.
49	DiagB1_Date	Date DiagB1 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
50	DiagB2	Axis II Diagnosis 2	DSM IV Code	string (6)		No	
51	DiagB2_Date	Date DiagB2 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.
52	DiagB3	Axis II Diagnosis 3	DSM IV Code	string (6)		No	
53	DiagB3_Date	Date DiagB3 was given		string (10) MM/DD/YYYY		No	A date is required if there is a corresponding diagnosis.

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Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
54	Employmt	Employment status  (Code only one. Items are listed in priority. If more than one is checked, code only highest priority. This information may be collected by staff, intake workers, or ,clinicians at admission. However, only clinicians may report the data at each 6-month evaluation.)	1 = Employed full time (35 hrs or more) 2 = Employed part time (less than 35 hrs) 3 = Supported/Transitional Employment 4 = Homemaker 5 = Student 6 = Retired 7 = Unemployed, seeking work 8 = Unemployed, NOT seeking work  9 = Disabled, not in labor force 97 = Unknown	number (2)	10%	Yes	Both supported and transitional employment involve the common element of support. However, transitional employment is time limited whereas supported employment is not. Both may include either MH or non-MH sponsorship. This required variable is to be updated at the 6-month case review.
55	LivingAr	Living arrangement  This information may be collected by staff, intake workers, or clinicians at admission. However, only clinicians may report the data at each 6-month evaluation.)	1 = On the street or in a homeless shelter 2 = Private residence not requiring 3 = Private residence requiring support 4 = Jail or correctional facility 5 = Institutional setting (NH, IMD, psych. IP, VA, state hospital) 6 = 24-hour residential care 7 = Adult or child foster home 8 = Other 97 = Unknown	number (2)	10%	Yes	<u>Not requiring support</u> = does not require routine or planned support to maintain his/her/or family's independence in the living situation. Requiring support = requires support to maintain independence, including services for general health, mental health crises, recovery, or symptoms. Services are delivered at home by a family member or by an external care giver. May include case management. This required variable is to be updated at the 6-month case review.
56	DisabBli	Disability: blind	Y = Yes N = No 97 = Unknown	string (2)		No	
57	DisabDea	Disability: deaf	Y = Yes N = No 97 = Unknown	string (2)		No	
58	DisabOrg	Disability: organic	Y = Yes N = No 97 = Unknown	string (2)		No	
59	DisabAmb	Disability: ambulatory	Y = Yes N = No 97 = Unknown	string (2)		No	

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Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
60	DisabInt	Disability: intellectual	Y = Yes N = No 97 = Unknown	string (2)		No	
61	County	County of residence at admission	001 = Beaver 003 = Box Elder 005 = Cache 007 = Carbon 009 = Daggett 011 = Davis 013 = Duchesne 015 = Emery 017 = Garfield 019 = Grand 021 = Iron 023 = Juab 025 = Kane 027 = Millard 029 = Morgan 031 = Piute 033 = Rich 035 = Salt Lake 037 = San Juan 039 = Sanpete 041 = Sevier 043 = Summit 045 = Tooele 047 = Uintah 049 = Utah 051 = Wasatch 053 = Washington 055 = Wayne 057 = Weber 097 = Unknown	string (3)	10%	Yes	

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Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
62	DateDisc	Date of discontinuation or discharge	Legal date	string (10) MM/DD/YYYY		No	If the Discharge/discontinuance date field is provided then only fields 2,7,63 and 64 are required. However, this date should trigger updates in fields 15, 54, and 55, and all other fields should be left blank. If data is supplied in any other field then that data is validated, but ignored. Discharge/discontinuance dates must fall on or after the most recent event date for the client and admission.
63	RefDisc	Referral at discontinuation or discharge	0 = Not yet discharged/discontinued 1 = Self (code as 14-not referred) 2 = Family or friend (code as 14) 3 = Physician, medical facility 4 = Social or community agency 5 = Educational system 6 = Courts, law enforcement, correctional 7 = Private psychiatric or private mental 8 = Public psychiatric or public mental 9 = Clergy 10 = Private practice mental health profess. 11 = Other person or organization 12 = Deceased 13 = Dropped out of treatment/ Administrative Discharge 14 = Not referred (see notes to 1 and 2) 97 = Unknown	number (2)		Yes, This field is now required. If client is not discharge, code "0".	Code self as "not referred" (14) and family or friend as "not referred" (14).  <b>If a discharge or discontinuation date is present in field 62, "0" can not be used in this field.</b>

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Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
64	TxComplt	Treatment completion at discontinuation	1 = Completed/substantially completed 2 = Mostly completed 3 = Only partially completed 4 = Mostly not completed 5 = Does not apply (Evaluation only)	number (1)		No	This field must be filled out if field 62 is supplied and left blank if no discharge date(field 62) is available.
65	AtypicalMed	Atypical Medication Used	1 = Yes 2 = No 97 = Unknown	string (11)	20%	Yes	Was an atypical medication(Clozapine, Quetiapine, Olanzonpine, Risperdone or Ziprasidone) prescribed at least once during the quarter?
66	EventDateTime	Date and time of event	Any legal date and time	string (19) MM/DD/YYYY hh:mm:ss		Yes	For every service given to a client a new record must be generated with a date. Event dates must fall within the current fiscal year <b>and be between the client's birth date and discharge date</b> . If your system doesn't track time for events then specify 00:00:00 for the time part. Be sure to put a single space between the date and time.

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Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
67	ServiceType	Type of service being recorded	10 = Engagement: direct service, non-treatment 21 = Screening/triage, diagnosis, & assessment: direct service, non-treatment 22 = Initial diagnosis & assessment: direct service, non-treatment 23 = Other diagnosis & assessment: direct service, non-treatment 24 = Testing, diagnosis & assessment: direct service, non-treatment 30 = Individual: direct service, treatment 40 = Family: direct service, treatment 50 = Group: direct service, treatment 61 = Medication management: direct service, treatment, physician 62 = Medication management: direct service, treatment nurse 70 = Rehabilitation: direct service, rehabilitation 80 = Vocational training: direct service, 90 = Social/physical, direct service, rehabilitation 100 = Skill building, direct service, rehabilitation 110 = Other direct service, rehabilitation 120 = Personal care-giving activities, direct services 130 = Case management adjunctive service 140 = Other adjunctive service 150 = Respite care 160 = Behavioral	number (3)		Yes	Refer to Mental Health Data Definitions for data element definitions.



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Field #	Field Name	Description	Codes/Allowed Values	Format	%Unknown	Required*	Notes
	ServiceType (continued)		170 = Inpatient Treatment Day 171 = Residential Adult Treatment Day 172 = Residential Youth Treatment Day 173 = Residential Support Treatment Day 174 = Housing/In Home Skills Day 180 = Emergency hours	number (3)		Yes	
68	EventDuration	Duration of event in either days or hours (see notes)	Number of hours or days	string (6) NNN.NN		Yes	Value is in either days or hours depending on the Service Type of the event. Hours may be expressed as decimal fractions rounded to the nearest quarter hour (e.g., one hour and 45 minutes = 1.75). Days may <u>not</u> be reported in decimals. No more than one day may be reported for each event per day.
69	FundingSrc	Funding source	1 = Medicaid 2 = Not Medicaid	number (1)		Yes	Medicaid funding is determined retroactively. Code "1" if client is on the Medicaid monthly eligibility list for the month services were received, "2" if not on that list.
70	SAMHIS Client ID (HLCI)	Unique ID specified by the SAMHIS system (HLCI)		string (10)		No	SAMHIS Client ID (HLCI) should be included or left blank until available

\* All non-required fields must either have a valid code or be left blank.

\* Fields marked as required must be submitted except when submitting a discharge record. (See the note on field # 62.)